1		•	c)68_1	
Subnit 5 Copies Appropriate District Office DISTRICT 1		lew Mexico tural Resources Department	Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	ATION DIVISION	ALLO O C 1002	
DISTRICT II P.O. Drawer DD, Antesia, NM 88210	P.O. B	ox 2088 lexico 87504-2088	AUG 0 6 1993	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			ON CON	
I.	TO TRANSPORT OI	LAND NATURAL GAS	Well API No.	
Ореньюг Marbob Energy Corpo	pration		·30-015-03114	
Address P. O. Drawer 217, 2	Artesia, NM 88210			
Reason(s) for Filing (Check proper box)	Change in Transporter of:	X Other (Please explain) Change from Lease	to Unit	
New Well	Oil Dry Gas	From: Keely C Fe		
Change in Operator	Casinghead Gas 🔲 Condensate 🗌	Effective 8/1/93		
If change of operator give name and address of previous operator				
II. DESCRIPTION OF WELL	L AND LEASE			
Lease Nauxe Burch Keely Unit	Well No. Pool Name, Includ 170 Grbg Jack	ting Formation cson SR Q Grbg SA	Kind of Lease Lease No.	
Location Unit Letter <u>F</u>	:1345Feet From The	N Line and 1345	Feet From The WLine	
Section 26 Towns		•	Eddy County	
<u></u>				
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil Navajo Refining Comp	NSPORTER OF OIL AND NATU	NAL GAS Address (Give address 10 which op P. O. Box 159, Arts	pproved copy of this form is to be sent) esia, NM 88210	
Name of Authorized Transporter of Cas GPM Gas Corporation	inghead Gas 🔼 or Dry Gas 🦳	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	. Is gas actually connected?	When 7	
	at from any other lease or pool, give comming	gling order number:		
IV. COMPLETION DATA			epen   Plug Back  Same Res'v Diff Res'v	
Designate Type of Completio	Oil Well Gas Well	New Well Workover De	epen   Plug Back   Same Res'v   Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
V CITOL BUOND	•			
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Post FD-3	
			8-20-93	
	· · · · · · · · · · · · · · · · · · ·		chy be name	
V. TEST DATA AND REQU	EST FOR ALLOWABLE	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be afte Date First New Oil Run To Tank	r recovery of total volume of load oil and mus Date of Test	st be equal to or exceed top allowable Producing Method (Flow, pump, g	: Jor this depth or be for full 24 hours.) as lýî, etc.)	
Pare the tree of the in tark				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Waler - Bbls.	Gas- MCF	
GAS WELL		<u></u>		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensale/MMCF	Gravity of Condensate	
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui-in)	Clioke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION		
Division have been complied with and that the information given above is true and, complete to the best of my knowledge and belief.		Date Approved AUG 1 1 1993		
is thus and complete to the best of m	y knowledge and belief.	Date Approved	T 1323	
Rhonda Nelson				
Signature			ByORIGINAL SIGNED BY	
Printed Namez 1993 Title		MIKE WILLIAMS Title <u>SUPERVISOR, DISTRICT II</u>		
Date	748-3303 Telephone No.			
	•			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.